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APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
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09/681,345

03/22/2001

Thanos Karras

15-IS-5714

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08/28/2006

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EXAMINER

MORGAN, ROBERT W

ART UNIT

PAPER NUMBER

3626

DATE MAILED: 08/28/2006

Please find below and/or attached an Office communication concerning this application or proceeding.

# Office Action Summary

Application No.

09/681,345

Applicant(s)

KARRAS ET AL.

Examiner

Robert W. Morgan

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-- The MAILING DATE of this communication appears on the cover sheet with the correspondence address --

## Period for Reply

A SHORTENED STATUTORY PERIOD FOR REPLY IS SET TO EXPIRE 3 MONTH(S) OR THIRTY (30) DAYS, WHICHEVER IS LONGER, FROM THE MAILING DATE OF THIS COMMUNICATION.

- Extensions of time may be available under the provisions of 37 CFR 1.136(a). In no event, however, may a reply be timely filed after SIX (6) MONTHS from the mailing date of this communication.
- If NO period for reply is specified above, the maximum statutory period will apply and will expire SIX (6) MONTHS from the mailing date of this communication.
- Failure to reply within the set or extended period for reply will, by statute, cause the application to become ABANDONED (35 U.S.C. § 133). Any reply received by the Office later than three months after the mailing date of this communication, even if timely filed, may reduce any earned patent term adjustment. See 37 CFR 1.704(b).

## Status

- 1) ☒ Responsive to communication(s) filed on 12 June 2006.
- 2a) ☐ This action is **FINAL**. 2b) ☒ This action is non-final.
- 3) ☐ Since this application is in condition for allowance except for formal matters, prosecution as to the merits is closed in accordance with the practice under *Ex parte Quayle*, 1935 C.D. 11, 453 O.G. 213.

## Disposition of Claims

- 4) ☒ Claim(s) 1-11, 14-23, 25-32, 34-46, 48 and 49 is/are pending in the application.
- 4a) Of the above claim(s) \_\_\_\_\_ is/are withdrawn from consideration.
- 5) ☐ Claim(s) \_\_\_\_\_ is/are allowed.
- 6) ☒ Claim(s) 1-11, 14-23, 25-32, 34-46, 48 and 49 is/are rejected.
- 7) ☐ Claim(s) \_\_\_\_\_ is/are objected to.
- 8) ☐ Claim(s) \_\_\_\_\_ are subject to restriction and/or election requirement.

## Application Papers

- 9) ☐ The specification is objected to by the Examiner.
- 10) ☐ The drawing(s) filed on \_\_\_\_\_ is/are: a) ☐ accepted or b) ☐ objected to by the Examiner.  
Applicant may not request that any objection to the drawing(s) be held in abeyance. See 37 CFR 1.85(a).  
Replacement drawing sheet(s) including the correction is required if the drawing(s) is objected to. See 37 CFR 1.121(d).
- 11) ☐ The oath or declaration is objected to by the Examiner. Note the attached Office Action or form PTO-152.

## Priority under 35 U.S.C. § 119

- 12) ☐ Acknowledgment is made of a claim for foreign priority under 35 U.S.C. § 119(a)-(d) or (f).
- a) ☐ All b) ☐ Some \* c) ☐ None of:
1. ☐ Certified copies of the priority documents have been received.
2. ☐ Certified copies of the priority documents have been received in Application No. \_\_\_\_\_.
3. ☐ Copies of the certified copies of the priority documents have been received in this National Stage application from the International Bureau (PCT Rule 17.2(a)).
- \* See the attached detailed Office action for a list of the certified copies not received.

## Attachment(s)

- 1) ☐ Notice of References Cited (PTO-892)
- 2) ☐ Notice of Draftsperson's Patent Drawing Review (PTO-948)
- 3) ☐ Information Disclosure Statement(s) (PTO-1449 or PTO/SB/08)  
Paper No(s)/Mail Date \_\_\_\_\_.
- 4) ☐ Interview Summary (PTO-413)  
Paper No(s)/Mail Date. \_\_\_\_\_.
- 5) ☐ Notice of Informal Patent Application (PTO-152)
- 6) ☐ Other: \_\_\_\_\_.

***Continued Examination Under 37 CFR 1.114***

1. A request for continued examination under 37 CFR 1.114, including the fee set forth in 37 CFR 1.17(e), was filed in this application after final rejection. Since this application is eligible for continued examination under 37 CFR 1.114, and the fee set forth in 37 CFR 1.17(e) has been timely paid, the finality of the previous Office action has been withdrawn pursuant to 37 CFR 1.114. Applicant's submission filed on 6/12/06 has been entered.

***Notice to Applicant***

2. In the amendment filed 6/12/06, the following has occurred: Claims 1, 14, 25, 34, 48 and 49 have been amended. Claims 1-11, 14-23, 25-32, 34-46 and 48-49 are presented for examination.

***Claim Rejections - 35 USC § 103***

2. The following is a quotation of 35 U.S.C. 103(a) which forms the basis for all obviousness rejections set forth in this Office action:

(a) A patent may not be obtained though the invention is not identically disclosed or described as set forth in section 102 of this title, if the differences between the subject matter sought to be patented and the prior art are such that the subject matter as a whole would have been obvious at the time the invention was made to a person having ordinary skill in the art to which said subject matter pertains. Patentability shall not be negated by the manner in which the invention was made.

3. Claims 1-11, 14-23, 25-32, 34-46 and 48-49 are rejected under 35 U.S.C. 103(a) as being unpatentable over U.S. Patent No. 6,424,996 to Killcommons et al. in view of U. S. Patent Application Publication 2002/0016718 to Rothschild.

As per claim 1, Killcommons et al. teaches a centralized medical information system, said system comprising:

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--the claimed portal capable of accessing said remote data center to retrieve said medical content and said medical service is met by requested data be received by a user unit through a user interface such as a web page, from a server (see: column 5, lines 32-35); and

--the claimed portal/data center connection allowing communication between said portal and said remote data center is met by data being accessible through a network, e.g. the Internet, an intranet, or an extranet (see: column 7, lines 52-55).

Killcommons et al. teaches a server (20, Fig. 2) with components such as a storage unit (30, Fig. 3) for retaining (i.e. storing) data (see: column 7, lines 56-65). In addition, Killcommons et al. teaches that requested data is received by a user unit through a user interface such as a web page, from a server (see: column 5, lines 32-35). In addition, Killcommons et al. teaches that an operator may select from various instances of treatment (medical services) or separate types of data, e.g. laboratory results, radiology with reports of pathologies (see: column 9, lines 37-39).

Killcommons et al. does not expressly teach the medical content comprises a medical image and at least one of patient information, library information and administrative service and medical service comprises at least one of a time management service, an educational service and an administrative service.

However these differences are only found in the non-functional information stored and accessed by the accessible portal. The medical content comprises a medical image and at least one of patient information, library information and administrative service and medical service comprises at least one of a time management service, an educational service and an administrative service are not functionally related to the functions of the centralized medical

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information system. Thus, this descriptive information will not distinguish the claimed invention from the prior art in terms of patentability, see Cf. *In re Gulack*, 703 F.2d 1381, 1385, 217 USPQ 40, 404 (Fed. Cir. 1983); *In re Lowry*, 32 F.3d 1579, 32 USPQ2d 1031 (Fed. Cir. 1994).

Therefore, it would have been obvious to a person of ordinary skill in the art at the time the invention was made to use different types of medical content and medical service in the medical network system and method for transfer of information as taught by Killcommons et al. because such information does not functionally relate to the information stored and accessed by the accessible portal and merely using different medical content and medical service from that in the prior art would have been obvious matter of design choice. See *In re Kuhle*, 526 F.2d 553, 555, 188 USPQ 7, 9 (CCPA 1975).

Killcommons et al. fails to teach remote data center.

Rothschild et al. teaches a medical image management system that includes a central data management system (30 Fig. 4), which is located remotely from the medical image system and the remote image viewing system (40, Fig. 4) (see: paragraph 155).

One of ordinary skill in the art at the time the invention was made would have found it obvious to include medical image management system as taught by Rothschild et al. within the medical network system and method for transfer of information as taught by Killcommons et al. with the motivation of providing immediate and convenient electronic delivery of medical images (see: Rothschild et al.: paragraph 4).

As per claim 2, Killcommons et al. teaches the claimed portal is accessible via a web browser. This limitation is met by the user unit (50, Fig. 3) that makes use of browser (52, Fig.

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3), i.e. Web browser software for communicating with the server (20, Fig. 2) (see: column 11, lines 18-19).

As per claim 3, Killcommons et al. teaches the claimed portal comprises a web site. This feature is met by the user interface (e.g. a web page) for viewing the medical data (see: column 3, lines 61-64).

As per claim 4, Rothschild et al. teaches the claimed remote data center comprises a web server. The limitation is met by the advance servers such as Exodus (see: paragraph 157).

As per claim 5, Rothschild et al. teaches the claimed remote data center is cached and stored at a plurality of locations. This limitation is met when data is received at the central data management system (30, Fig. 3) and is kept on a hard disk and backed up to the primary and secondary archives such as products like Storagetek's Virtual Storage Manager (VSM) (see: Rothschild et al.: paragraph 161).

As per claim 6, Rothschild et al. teaches the claimed remote data center comprises an application service provider. The limitation is met by the ASP (32, Fig. 1) service on the central data management system (30, Fig. 3) (see: paragraph 204).

As per claim 7, Killcommons et al. and Rothschild et al. teach the claimed portal allows said medical content and said medical services to be stored at said remote data center. This limitation is met by the server (20, Fig. 2) with components such as a storage unit (30, Fig. 3) for retaining (i.e. storing) data (see: Killcommons et al.: column 7, lines 56-65). In addition, Killcommons et al. and Rothschild et al. teach that when data is received at the central data management system (30, Fig. 3) it is kept on hard disk and backed up to the primary and secondary archives such as products like Storagetek's Virtual Storage Manager (VSM) (see:

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Rothschild et al.: paragraph 161). In addition, Killcommons et al. and Rothschild et al. teach that an operator may select from various instances of treatment (medical services) or separate types of data, e.g. laboratory results, radiology with reports of pathologies (see: Killcommons et al.: column 9, lines 37-39).

As per claim 8, Killcommons et al. teaches the claimed web browser capable of accessing said portal. This limitation is met by the user unit (50, Fig. 3) that makes use of browser (52, Fig. 3), i.e. Web browser software for communicating with the server (20, Fig. 2) (see: column 11, lines 18-19). In addition, Killcommons et al. teaches a user interface (e.g. a web page) for viewing the medical data (see: column 3, lines 61-64).

As per claim 9, Killcommons et al. teaches the claimed external access connection for storing said medical content and said medical services at said remote data center. This feature is met by data being accessible through a network, e.g. the Internet, an intranet, or an extranet (see: column 7, lines 52-55). In addition, Killcommons et al. teaches a server (20, Fig. 2) with components such as a storage unit (30, Fig. 3) for retaining (i.e. storing) data (see: column 7, lines 56-65). Furthermore, Killcommons et al. teaches that an operator may select from various instances of treatment (medical services) or separate types of data, e.g. laboratory results, radiology with reports of pathologies (see: column 9, lines 37-39).

As per claim 10, Rothschild et al. teaches the claimed an authentication unit for authorizing access to said remote data center. This limitation is met by a login and password for each user using a PC (see: paragraph 108).

As per claim 11, Rothschild et al. teaches the claimed an authentication unit for authorizing access to said portal. This limitation is met by a log and password for each user using a PC (see: paragraph 108).

As per claim 14, Killcommons et al. teaches a method for accessing medical content, said method comprising:

- the claimed accessing a portal is met by the user interface (e.g. a web page) for viewing the medical data (see: column 3, lines 61-64);

- the claimed requesting said medical content via said portal is met by requested data being received by a user unit through a user interface such as a web page, from a server (see: column 5, lines 32-35);

- the claimed requesting medical services via said portal is met by requested data being received by a user unit through a user interface such as a web page, from a server (see: column 5, lines 32-35). In addition, Killcommons et al. teaches an operator may selecting from various treatment or separate types of data, e.g. laboratory results, radiology with reports or pathologies (see: column 9, lines 35-41);

- the claimed activating said medical service via said portal is met an operator may selecting from various treatment or separate types of data, e.g. laboratory results, radiology with reports or pathologies (see: column 9, lines 35-41).

Killcommons et al. teaches that data is accessible through a network, e.g. the Internet, an intranet, or an extranet (see: column 7, lines 52-55). Killcommons et al. also teaches a server (20, Fig. 2) with components such as a storage unit (30, Fig. 3) for retaining (i.e. storing) data (see: column 7, lines 56-65). In addition, Killcommons et al. teaches that requested data is received by



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a user unit through a user interface such as a web page, from a server (see: column 5, lines 32-35). Furthermore, Killcommons et al. teaches that an operator may select from various instances of treatment (medical services) or separate types of data, e.g. laboratory results, radiology with reports of pathologies (see: column 9, lines 37-39).

Killcommons et al. does not expressly teach the medical content comprises a medical image and at least one of patient information, library information and administrative service and medical service comprises at least one of a time management service, an educational service and an administrative service.

However these differences are only found in the non-functional information stored and accessed by the accessible portal. The medical content comprises a medical image and at least one of patient information, library information and administrative service and medical service comprises at least one of a time management service, an educational service and an administrative service are not functionally related to the functions of the centralized medical information system. Thus, this descriptive information will not distinguish the claimed invention from the prior art in terms of patentability, see Cf. *In re Gulack*, 703 F.2d 1381, 1385, 217 USPQ 40, 404 (Fed. Cir. 1983); *In re Lowry*, 32 F.3d 1579, 32 USPQ2d 1031 (Fed. Cir. 1994).

Therefore, it would have been obvious to a person of ordinary skill in the art at the time the invention was made to use different types of medical content and medical service in the medical network system and method for transfer of information as taught by Killcommons et al. because such information does not functionally relate to the information stored and accessed by the accessible portal and merely using different medical content and medical service from that in

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the prior art would have been obvious matter of design choice. See *In re Kuhle*, 526 F.2d 553, 555, 188 USPQ 7, 9 (CCPA 1975).

Killcommons et al. fails teaches the claimed remote data center.

Rothschild et al. teaches a medical image management system that includes a central data management system (30 Fig. 4), which is located remotely from the medical image system and the remote image viewing system (40, Fig. 4) (see: paragraph 155).

The obviousness of combining the teaching of Rothschild et al. within the system as taught by Killcommons et al. are discussed in the rejection of claim 1, and incorporated herein.

As per claim 15, Killcommons et al. teaches the claimed step of displaying at least one of said medical content and said medical services via said portal. This limitation is met by requested data being received by a user unit through a user interface such as a web page, from a server (see: column 5, lines 32-35). In addition, Killcommons et al. teaches that operator may select from various instances of treatment or separate types of data, e.g. laboratory results, radiology with reports of pathologies (see: column 9, lines 37-39).

As per claims 16-17 and 20-23, they are rejected for same reason set forth in claims 6, 3, 5, 2, 11 and 10, respectively.

As per claim 18, Killcommons et al. teaches the claimed portal comprises at least one link to said medical content and said medical services. This feature is met by the web pages that may be presented to the operator as a list of patient studies to select from such as laboratory results, radiology with reports or pathologies (see: column 9, lines 35-41).

As per claim 19, Killcommons et al. teaches the claimed step of requesting said medical content via said portal and requesting said medical services via said portal comprises selecting

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one of said at least one link at said portal. This limitation is met by the web pages that may be presented to an operator as a list of patient studies such as laboratory results, radiology with reports or pathologies (see: column 9, lines 35-41). In addition, Killcommons et al. teaches that operator may select from various instances of treatment or separate types of data, e.g. laboratory results, radiology with reports of pathologies (see: column 9, lines 37-39).

As per claim 25, Killcommons et al. teaches that requested data is received by a user unit through a user interface such as a web page, from a server (see: column 5, lines 32-35). In addition, Killcommons et al. teaches user interface (e.g. a web page) for viewing the medical data (see: column 3, lines 61-64). In addition, Killcommons et al. teaches that operator may select from various instances of treatment or separate types of data, e.g. laboratory results, radiology with reports of pathologies (see: column 9, lines 37-39).

Killcommons et al. does not expressly teach the medical content comprises a medical image and at least one of patient information, library information and administrative service and medical service comprises at least one of a time management service, an educational service and an administrative service.

However these differences are only found in the non-functional information stored and accessed by the accessible portal. The medical content comprises a medical image and at least one of patient information, library information and administrative service and medical service comprises at least one of a time management service, an educational service and an administrative service are not functionally related to the functions of the centralized medical information system. Thus, this descriptive information will not distinguish the claimed invention from the prior art in terms of patentability, see Cf. *In re Gulack*, 703 F.2d 1381, 1385, 217 USPQ

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40, 404 (Fed. Cir. 1983); *In re Lowry*, 32 F.3d 1579, 32 USPQ2d 1031 (Fed. Cir. 1994).

Therefore, it would have been obvious to a person of ordinary skill in the art at the time the invention was made to use different types of medical content and medical service in the medical network system and method for transfer of information as taught by Killcommons et al. because such information does not functionally relate to the information stored and accessed by the accessible portal and merely using different medical content and medical service from that in the prior art would have been obvious matter of design choice. See *In re Kuhle*, 526 F.2d 553, 555, 188 USPQ 7, 9 (CCPA 1975).

Killcommons et al. fails to teach a remote data center storing said medical content.

Rothschild et al. teach that when data is received at the central data management system (30, Fig. 3) it is kept on hard disk and backed up to the primary and secondary archives such as products like Storagetek's Virtual Storage Manager (VSM) (see: paragraph 161).

The obviousness of combining the teaching of Rothschild et al. within the system as taught by Killcommons et al. are discussed in the rejection of claim 1, and incorporated herein.

As per claims 26 and 28-32, they are rejected for same reasons set forth in claims 8, 4-6, 11 and 10, respectively.

As per claim 27, Killcommons et al. teaches the claimed portal/data center connection allowing communication between said web site and said remote data center. This feature is met by data being accessible through a network, e.g. the Internet, an intranet, or an extranet (see: column 7, lines 52-55).

As per claim 34, Killcommons et al. teaches data being accessible through a network, e.g. the Internet, an intranet, or an extranet (see: column 7, lines 52-55). In addition, Killcommons et

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al. teaches that operator may select from various instances of treatment or separate types of data, e.g. laboratory results, radiology with reports of pathologies (see: column 9, lines 37-39).

Killcommons et al. does not expressly teach the medical content comprises a medical image and at least one of patient information, library information and administrative service and medical service comprises at least one of a time management service, an educational service and an administrative service.

However these differences are only found in the non-functional information stored and accessed by the accessible portal. The medical content comprises a medical image and at least one of patient information, library information and administrative service and medical service comprises at least one of a time management service, an educational service and an administrative service are not functionally related to the functions of the centralized medical information system. Thus, this descriptive information will not distinguish the claimed invention from the prior art in terms of patentability, see Cf. *In re Gulack*, 703 F.2d 1381, 1385, 217 USPQ 40, 404 (Fed. Cir. 1983); *In re Lowry*, 32 F.3d 1579, 32 USPQ2d 1031 (Fed. Cir. 1994).

Therefore, it would have been obvious to a person of ordinary skill in the art at the time the invention was made to use different types of medical content and medical service in the medical network system and method for transfer of information as taught by Killcommons et al. because such information does not functionally relate to the information stored and accessed by the accessible portal and merely using different medical content and medical service from that in the prior art would have been obvious matter of design choice. See *In re Kuhle*, 526 F.2d 553, 555, 188 USPQ 7, 9 (CCPA 1975).

Killcommons et al. fails to teach storing said medical content at said remote data center.

Rothschild et al. teach that when data is received at the central data management system (30, Fig. 3) it is kept on hard disk and backed up to the primary and secondary archives such as products like Storagetek's Virtual Storage Manager (VSM) (see: paragraph 161).

The obviousness of combining the teaching of Rothschild et al. within the system as taught by Killcommons et al. are discussed in the rejection of claim 1, and incorporated herein.

As per claim 35-37 and 39-44, they are rejected for the same reasons set forth in claims 10, 6, 5, 15-19, and 21-22, respectively.

As per claim 38, Killcommons et al. teaches data being accessible through a network, e.g. the Internet, an intranet, or an extranet (see: column 7, lines 52-55). In addition, Killcommons et al. teaches that requested data is received by a user unit through a user interface such as a web page, from a server (see: column 5, lines 32-35). Furthermore, Killcommons et al. teaches that operator may select from various instances of treatment or separate types of data, e.g. laboratory results, radiology with reports of pathologies (see: column 9, lines 37-39).

Killcommons et al. fails to teach a remote data center.

Rothschild et al. teaches a medical image management system that includes a central data management system (30 Fig. 4), which is located remotely from the medical image system and the remote image viewing system (40, Fig. 4) (see: paragraph 155).

The obviousness of combining the teaching of Rothschild et al. within the system as taught by Killcommons et al. are discussed in the rejection of claim 1, and incorporated herein.

As per claim 45, Killcommons et al. and Rothschild et al. teach the claimed retrieving step further comprises authenticating said retrieving said medical content and said medical services from said remote data center. This limitation is met by a login and password for each

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user using a PC (see: Rothschild et al.: paragraph 108). In addition, Killcommons et al. and Rothschild et al. teach requested data be received by a user unit through a user interface such as a web page, from a server (see: Killcommons et al.: column 5, lines 32-35). Furthermore, Killcommons et al. and Rothschild et al. teach that operator may select from various instances of treatment or separate types of data, e.g. laboratory results, radiology with reports of pathologies (see: Killcommons et al.: column 9, lines 37-39).

As per claim 46, Rothschild et al. teaches the claimed step of updating a portal capable of accessing said medical content at said data center to reflect said storing of said medical content at said data center. This limitation is met by the updating of IP address information and requested queued data stored in the central data management system (see: paragraph 89).

As per 48, Killcommons et al. teaches a centralized medical information system, said system comprising:

--the claimed portal capable of accessing said remote data center to retrieve said medical content is met by requested data be received by a user unit through a user interface such as a web page, from a server (see: column 5, lines 32-35); and

--the claimed portal/data center connection allowing communication between said portal and said remote data center is met by data being accessible through a network, e.g. the Internet, an intranet, or an extranet (see: column 7, lines 52-55).

Killcommons et al. teaches a server (20, Fig. 2) with components such as a storage unit (30, Fig. 3) for retaining (i.e. storing) data (see: column 7, lines 56-65). In addition, Killcommons et al. teaches that requested data is received by a user unit through a user interface such as a web page, from a server (see: column 5, lines 32-35). Furthermore, Killcommons et al.

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teaches that an operator may select from various instances of treatment (medical services) or separate types of data, e.g. laboratory results, radiology with reports of pathologies (see: column 9, lines 37-39).

Killcommons et al. does not expressly teach the medical content comprises a medical image and at least one of patient information, library information and administrative service and medical service comprises at least one of a time management service, an educational service and an administrative service.

However these differences are only found in the non-functional information stored and accessed by the accessible portal. The medical content comprises a medical image and at least one of patient information, library information and administrative service and medical service comprises at least one of a time management service, an educational service and an administrative service are not functionally related to the functions of the centralized medical information system. Thus, this descriptive information will not distinguish the claimed invention from the prior art in terms of patentability, see Cf. *In re Gulack*, 703 F.2d 1381, 1385, 217 USPQ 40, 404 (Fed. Cir. 1983); *In re Lowry*, 32 F.3d 1579, 32 USPQ2d 1031 (Fed. Cir. 1994).

Therefore, it would have been obvious to a person of ordinary skill in the art at the time the invention was made to use different types of medical content and medical service in the medical network system and method for transfer of information as taught by Killcommons et al. because such information does not functionally relate to the information stored and accessed by the accessible portal and merely using different medical content and medical service from that in the prior art would have been obvious matter of design choice. See *In re Kuhle*, 526 F.2d 553, 555, 188 USPQ 7, 9 (CCPA 1975). Killcommons et al. teaches a server (20, Fig. 2) with



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components such as a storage unit (30, Fig. 3) for retaining (i.e. storing) data (see: column 7, lines 56-65). In addition, Killcommons et al. teaches that requested data is received by a user unit through a user interface such as a web page, from a server (see: column 5, lines 32-35).

Killcommons et al. fails to teach remote data center.

Rothschild et al. teaches a medical image management system that includes a central data management system (30 Fig. 4), which is located remotely from the medical image system and the remote image viewing system (40, Fig. 4) (see: paragraph 155).

The obviousness of combining the teaching of Rothschild et al. within the system as taught by Killcommons et al. are discussed in the rejection of claim 1, and incorporated herein.

As per claim 49, Killcommons et al. teaches a web based centralized medical information system, said system comprising:

--the claimed web site capable of accessing said web server to retrieve said medical content and said medical services is met by the user unit (50, Fig. 3) that makes use of browser (52, Fig. 3), i.e. Web browser software for communicating with the server (20, Fig. 2) (see: column 11, lines 18-19). In addition, Killcommons et al. teaches a user interface (e.g. a web page) for viewing the medical data (see: column 3, lines 61-64). Furthermore, Killcommons et al. teaches that operator may select from various instances of treatment or separate types of data, e.g. laboratory results, radiology with reports of pathologies (see: Killcommons et al.: column 9, lines 37-39).

Killcommons et al. teaches a server (20, Fig. 2) with components such as a storage unit (30, Fig. 3) for retaining (i.e. storing) data (see: column 7, lines 56-65). In addition, Killcommons et al. teaches that requested data is received by a user unit through a user interface

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such as a web page, from a server (see: column 5, lines 32-35). Furthermore, Killcommons et al. teaches that an operator may select from various instances of treatment (medical services) or separate types of data, e.g. laboratory results, radiology with reports of pathologies (see: column 9, lines 37-39).

Killcommons et al. does not expressly teach the medical content comprises a medical image and at least one of patient information, library information and administrative service and medical service comprises at least one of a time management service, an educational service and an administrative service.

However these differences are only found in the non-functional information stored and accessed by the accessible portal. The medical content comprises a medical image and at least one of patient information, library information and administrative service and medical service comprises at least one of a time management service, an educational service and an administrative service are not functionally related to the functions of the centralized medical information system. Thus, this descriptive information will not distinguish the claimed invention from the prior art in terms of patentability, see Cf. *In re Gulack*, 703 F.2d 1381, 1385, 217 USPQ 40, 404 (Fed. Cir. 1983); *In re Lowry*, 32 F.3d 1579, 32 USPQ2d 1031 (Fed. Cir. 1994).

Therefore, it would have been obvious to a person of ordinary skill in the art at the time the invention was made to use different types of medical content and medical service in the medical network system and method for transfer of information as taught by Killcommons et al. because such information does not functionally relate to the information stored and accessed by the accessible portal and merely using different medical content and medical service from that in

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the prior art would have been obvious matter of design choice. See *In re Kuhle*, 526 F.2d 553, 555, 188 USPQ 7, 9 (CCPA 1975).

Killcommons et al. fails to teach remote data center for storing and having a web server, said web server remotely accessible by a web site.

Rothschild et al. teaches a medical image management system that includes a central data management system (30 Fig. 4), which is located remotely from the medical image system and the remote image viewing system (40, Fig. 4) (see: paragraph 155). In addition, Rothschild et al. teaches advance servers such as Exodus (see: paragraph 157).

The obviousness of combining the teaching of Rothschild et al. within the system as taught by Killcommons et al. are discussed in the rejection of claim 1, and incorporated herein.

#### ***Response to Arguments***

4. Applicant's arguments filed 6/12/05 have been fully considered but they are not persuasive. Applicant's arguments will be addressed hereinbelow in the order in which they appear in the response filed 6/12/06.

(A) In the remarks, Applicants argue in substance that (1) Killcommons and Rothschild do not teach providing medical services, such as time management services, educational services, and administrative services or medical content such as patient information, library information and administrative information; and (2) Killcommons does not teach, nor fairly suggest, a remote data center.

(B) In response the Applicant's argument, (1) Killcommons and Rothschild do not teach providing medical services, such as time management services, educational services, and administrative services or medical content such as patient information, library information and

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administrative information. The Examiner respectfully submits that the different kinds of medical services and medical content information recited in the amended claims is nonfunctional data because this information is not analyzed or processed, therefore is not given patentable weight. In addition, the medical services and medical content neither enhance nor diminishes the structure and functionality of the centralized medical information system nor present any new and unobvious functional relationship between storing and accessing information in a remote data center by a portal.


(C) In response to the Applicant's argument, (2) Killcommons does not teach, nor fairly suggest, a remote data center. The Examiner respectfully submitted that the Rothschild reference, and not Killcommons, *per se*, that was relied upon for the specific teaching of a medical image management system that includes a central data management system (30 Fig. 4), which is located remotely from the medical image system and the remote image viewing system (40, Fig. 4) (see: paragraph 155). Killcommons was relied on for primarily teaching a server (20, Fig. 2) with components such as a storage unit (30, Fig. 3) for retaining (i.e. storing) data (see: column 7, lines 56-65). In addition, Killcommons et al. teaches that requested data is received by a user unit through a user interface such as a web page, from a server (see: column 5, lines 32-35). In addition, Killcommons et al. teaches that an operator may select from various instances of treatment (medical services) or separate types of data, e.g. laboratory results, radiology with reports of pathologies (see: column 9, lines 37-39). Thus, the proper combination of the applied references would be the incorporation of Rothschild's medical image management system using a remote data center within the medical network system and method for transfer of information of Killcommons et al.

***Conclusion***

Any inquiry concerning this communication or earlier communications from the examiner should be directed to Robert W. Morgan whose telephone number is (571) 272-6773. The examiner can normally be reached on 8:30 a.m. - 5:00 p.m. Mon - Fri.

If attempts to reach the examiner by telephone are unsuccessful, the examiner's supervisor, Joseph Thomas can be reached on (571) 272-6776. The fax phone number for the organization where this application or proceeding is assigned is 571-273-8300.

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